Cumberland Regional School District

PAYROLL DEDUCTION AUTHORIZATION FORM FOR BENEFITS UPGRADES

2023-2024 School Year

The Board pays for family medical coverage and single-only prescription and dental the first three years of benefits-eligible employment minus employee contributions (all levels are paid for by the Board beginning with the fourth year minus employee contributions). This form authorizes Cumberland Regional School District to deduct funds from your paycheck for upgrading prescription or dental benefit coverage levels during the first three years of employment. Please note these rates are effective July 1, 2023, through June 30, 2024.

Signing this form also authorizes Cumberland Regional School District to increase deductions if/when premiums increase in future Plan Years, which they typically do. You will also be responsible for the usual Employee Contributions.

Complete this form **ONLY IF** you wish to purchase additional coverage that is not paid for by Cumberland Regional School District.

Name (please print): _____

	Rates Listed are PER PAY, twice per month.	
	Use this column if you are a new 10-month employee or a new/existing 12-month employees	**Use this column if you are an existing 10-month employee**
PRESCRIPTION		
Single:	*Single Paid by Board**	*Single Paid by Board**
Parent/Child(ren):	☐ $102.29	☐ $122.74
Husband/Wife:	☐ $202.39	☐ $242.87
Family Coverage:	☐ $202.39	☐ $242.87
DENTAL		
Single:	*Single Paid by Board**	*Single Paid by Board**
Two Party:	☐ $8.42	☐ $10.10
Three + Party:	☐ $19.46	☐ $23.35

**Subject to Employee Contributions.*

_____ _____

Employee's Signature Date

For Business Office Use Only **Date Received** _____ **Date Submitted to Payroll** _____